

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	D/D	DEP	D/D	DEP	D/D	DEP
1						
2						
3						
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24						
25	1					
26	1					
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29						
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33						
34						
35	1					
36	1					
37						
38						
39						
40						
41						
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1					
49						
50	1					
TOTAL IND.	7					
TOTAL DEP.	42					
TOTAL CLAIMS	49					

	D/D	DEP	D/D	DEP	D/D	DEP
51	1					
52						
53	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						